



ARIZONA BOARD OF ATHLETIC TRAINING

4205 N. 7th Avenue, Suite 305 • Phoenix, Arizona 85013 • (602) 589-6337 • FAX: (602) 589-8354

www.at.az.gov

APPLICATION FOR LICENSURE AS AN ATHLETIC TRAINER

SUMMARY OF DOCUMENTS REQUIRED FOR FILING **INITIAL** APPLICATION BELOW:

- A. COMPLETED APPLICATION, SIGNED AND NOTARIZED.
- B. NATA-BOC VERIFICATION – MUST BE SENT DIRECTLY TO THE BOARD FROM THE OFFICE OF NATA-BOC.
- C. TWO (2) PROFESSIONAL RECOMMENDATIONS WITH ORIGINAL SIGNATURES.
- D. CHECK, MONEY ORDER, CERTIFIED CHECK OR CASH FOR THE TOTAL OF THE APPROPRIATE FEES.
- E. OFFICIAL TRANSCRIPTS SENT TO THE BOARD DIRECTLY FROM THE EDUCATIONAL INSTITUTION.
- F. VERIFICATION OF ALL OTHER LICENSES.
- G. CITIZENSHIP/ALIEN RIGHT TO WORK FORM TO INCLUDE COPY (IES) OF DOCUMENTS CHOSEN TO VERIFY THIS RIGHT.
- H. FULL SET OF FINGER PRINTS OR AN UNEXPIRED CLEARANCE CARD ISSUED BY THE DEPARTMENT OF PUBLIC SAFETY.
- I. CURRENT CERTIFICATION IN CARDIOPULMONARY RESUSCITATION FROM A BOARD APPROVED PROVIDER.
- I. COMPLETE, BOARD APPROVED, ATHLETIC TRAINING STATUTES AND RULES TEST. **MUST BE TAKEN WITHIN ONE YEAR OF OBTAINING AN ORIGINAL LICENSE OR LICENSE RENEWAL.** THIS TEST NEED ONLY BE TAKEN ONE TIME.



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INITIAL APPLICATION FOR LICENSURE AS AN ATHLETIC TRAINER

Check	APPLICATION TYPE	FEE
	FINGERPRINTS	\$ 22.00
	INITIAL APPLICATION AND/OR	\$ 300.00
	TEMPORARY LICENSE	
	Total Amount Submitted	
ALL FEES ARE NON-REFUNDABLE		

PERSONAL INFORMATION (Type or Print)

Name	Last	First	Middle	Other Name Used
Name as it is to appear on the license				
Home address	Number/Street	City	State	Zip code
Telephone Number	Home	Work	Cell	
Email address				
Social Security Number		Date of Birth	mm/dd/yyyy	
Place of Birth	City	County/Province	State/Country	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> US Citizen*	<input type="checkbox"/> YES <input type="checkbox"/> NO

***Attach required statement of citizenship and alien status along with selected proof of status**

The State Attorney General has determined that in order to be in compliance with the law, documentation MUST be submitted with initial application.

CURRENT EMPLOYMENT (Type or Print)

Name of Employer		Employer Phone #	
Employer Address	Number/Street	City	State Zip code

PROFESSIONAL EXPERIENCE AND/OR FIELDWORK:

List **ALL** employment for the last five (5) years in chronological order, beginning with your present position.

1. Name of Business/Sports Organization	Job Title
Name of Employer	Description of Duties
Address/Phone Number of Business	Dates of Employment From: To:
Reason for Resignation/Termination	

2. Name of Business/Sports Organization	Job Title
Name of Employer	Description of Duties
Address/Phone Number of Business	Dates of Employment From: To:
Reason for Resignation/Termination	

3. Name of Business/Sports Organization	Job Title
Name of Employer	Description of Duties
Address/Phone Number of Business	Dates of Employment From: To:
Reason for Resignation/Termination	

4. Name of Business/Sports Organization	Job Title
Name of Employer	Description of Duties
Address/Phone Number of Business	Dates of Employment From: To:
Reason for Resignation/Termination	

5. Name of Business/Sports Organization	Job Title
Name of Employer	Description of Duties
Address/Phone Number of Business	Dates of Employment From: To:
Reason for Resignation/Termination	

EDUCATIONAL INFORMATION:

List Colleges/Universities attended (List most recent first)

School Name, City, State, Country	Dates of Attendance From (mm/yy) To (mm/yy)	Date of Graduation	Type of Degree/ Certification

CARDIOPULMONARY RESUSCITATION

(Provide copy of front and back of card)

CPR Training provider		Initial Date Granted	
Date of Last Renewal		Is your Certification Current?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NATA-BOC CERTIFICATION

Verification must be sent directly to the Board from the office of NATA-BOC.

NATA-BOC Certification Number		Date Granted	
Is your Certification Current?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

PROFESSIONAL LICENSES OR CERTIFICATIONS:

List all active and inactive licenses or certifications

Type of License/Certification Agency Name and Address	Issue Date	Expiration Date	License/ Certification Number

Are the above licenses in good standing? If no, attach an explanation	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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ALL Questions MUST be answered:

1. Have you ever had any application for any professional license refused or denied by any licensing authority?		YES		NO
2. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure?		YES		NO
3. Have you ever voluntarily surrendered any athletic training license?		YES		NO
4. Have you ever had any athletic training license revoked?		YES		NO
5. Have you ever been the subject of disciplinary action or are you currently under investigation with regard to your athletic training license, been sanctioned by any athletic training licensing authority, association, training facility or athletic trainer staff of such facility?		YES		NO
6. Has disciplinary action been taken against you by any licensing agency with regard to any professional license? (Including but not limited to restricted, terminated, voluntarily or involuntarily resigned or withdrawn.)		YES		NO
7. Are there any pending complaints, investigations, or disciplinary actions against you with any athletic training authority, athletic training association, licensed athletic facility or athletic training staff of such facility?		YES		NO
8. Have you ever been arrested, charged with, convicted of, pardoned or had a record expunged or vacated of any felony or misdemeanor? A "yes" answer is required even if you entered a diversion program.		YES		NO
9. Have you ever been charged with or convicted of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?		YES		NO

NOTE: In the event the response to any of the questions numbered 1 through 9 is "YES", the applicant must file with the application a detailed report concerning the above matters, including any charge, date of such charge, the complete name and address of all bodies of jurisdiction, the result of any hearings, and the disposition of such charge(s) IN ADDITION, the applicant must submit photocopies of any complaints, hearings, settlements or judgments.

VERIFICATION BY OATH OR AFFIRMATION

The undersigned verifies that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of athletic training and obey the laws of the State of Arizona and the Rules established by the Board of Athletic Training; that he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

AND

AFFIDAVIT OF APPLICANT

I, _____, under oath, do promise and swear that if this application is accepted and if I should be granted a license to practice as an athletic trainer in this State, I will obey the Laws of the State of Arizona as they relate to the Board of Athletic Training and the associated rules established by the Board of Athletic Training, and maintain the honor and dignity of the profession. I have read these Arizona Revised Statutes and Rules and agree to be held accountable for any actions that may violate these Statutes and Rules.

It is understood and agreed that if I should fail to keep the above agreement, or if I have made any false statements in this application, that my license may be suspended or revoked by the Board at any time. By virtue of this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, that the information given in this application is true, correct, and complete to the best of my knowledge. I hereby authorize the Board of Athletic Training to verify any and all information contained in this application, including information maintained in applicable data banks, and to transmit this information to the licensing authority of the state to which this application is made. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure and practice, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority.

I understand that my application is a public record. Further, I authorize all current and previous employers to release all relevant information about my employment to the Board (including moral character competency and reason for termination of employment, if applicable). I further state that all statements made by me and exhibits attached within this application are true, complete, and accurate.

Signature of Applicant: _____ Date: _____

State: _____

County: _____

Subscribed and sworn to before me this _____ day of _____, 20____ by the affiant, who personally appeared before me.

NOTARY PUBLIC SIGNATURE

My Commission expires: _____
(Official Stamp)